

STUDENT PROGRAM PLAN OF STUDY - MASTER LEVEL

Western Michigan University, Kalamazoo, Michigan

FULL TIME POLICY, PLANNING & ADMINISTRATION CONCENTRATION

Name _____ WIN# _____ Permanent _____

Address _____
 Street _____ City _____ State _____ Zip Code _____

| Course Title | Department & Course No. | Recommended Semester | Credit Hours (60 credits required) | Grade | Semester Completed | Year Completed |
|---|-------------------------|----------------------|---------------------------------------|-------|--------------------|----------------|
| Foundations of Social Welfare Policy | SWRK 6100 | FALL (1) | 3 | | | |
| Human Behavior and the Social Environment | SWRK 6310 | FALL (1) | 3 | | | |
| Research & Evaluation Methods in SW | SWRK 6400 | FALL (1) | 3 | | | |
| SW Practice: Individuals & Families | SWRK 6610 | FALL (1) | 3 | | | |
| Field Education in SW Practice I | SWRK 6710 | FALL (1) | 3 | | | |
| Advanced Seminar in Culture, Ethnicity, and Institutional Inequality in SW Practice | SWRK 6330 | SPRING (1) | 3 | | | |
| Evaluation of SW Practice | SWRK 6420 | SPRING (1) | 3 | | | |
| SW Practice: Groups & Organizations | SWRK 6620 | SPRING (1) | 3 | | | |
| Field Education in SW Practice II | SWRK 6720 | SPRING (1) | 3 | | | |
| Social Change & Community Analysis | SWRK 6300 | SUM I (1) | 3 | | | |
| Leadership & Management in Human Services | SWRK 6430 | SUM I (1) | 3 | | | |
| Administration in Human Service Organizations | SWRK 6450 | FALL (2) | 3 | | | |
| Program Planning | SWRK 6670 | FALL (2) | 3 | | | |
| Field Education in Policy, Planning & Administration | SWRK 6770 | FALL (2) | 3 | | | |
| Seminar in Social Policy Practice | SWRK 6700 | SPRING (2) | 3 | | | |
| Advanced Seminar in Program Administration | SWRK 6690 | SPRING (2) | 3 | | | |
| Advanced Field Education in PP&A | SWRK 6790 | SPRING (2) | 3 | | | |
| Electives (9 hour minimum) 5000 level and above | | | | | | |
| | | FALL (2) | | | | |
| | | FALL (2) | | | | |
| | | SPRING (2) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL HOURS EARNED | | | | | | |

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Date of Graduation _____